

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		7			52						
3	/						53						
4	/		/				54						
5	/		/				55						
6							56						
7	/		/				57						
8							58						
9	/		/				59						
10	/		/				60						
11	/						61						
12	/						62						
13	/						63						
14	/		/				64						
15	/						65						
16	/		/				66						
17							67						
18							68						
19							69						
20			/				70						
21			/				71						
22	/		/				72						
23	/		/				73						
24	/		/				74						
25			/				75						
26			/				76						
27							77						
28			/				78						
29			/				79						
30			/				80						
31			/				81						
32			/				82						
33							83						
34			/				84						
35			/				85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	19	←			TOTAL DEP.		←		←		←
TOTAL CLAIMS			20				TOTAL CLAIMS						

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